

## Electronic Patent Application Fee Transmittal

|   |  |                 |               |                             |
|---|--|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>              | 10752135   |                 |               |                             |
| <b>Filing Date:</b>                     | 06-Jan-2004  |                 |               |                             |
| <b>Title of Invention:</b>              | System and method for assessing transmural of ablation lesions |                 |               |                             |
| First Named Inventor/Applicant Name:    | David E. Francischelli   |                 |               |                             |
| <b>Filer:</b>                           | Rudolph Paul Hofmann/holly fey                                 |                 |               |                             |
| <b>Attorney Docket Number:</b>          | P-8922.06  |                 |               |                             |
| Filed as Large Entity                   |  |                 |               |                             |
| <b>Utility      Filing Fees</b>         |  |                 |               |                             |
| <b>Description</b>                      | <b>Fee Code</b>  | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                    |  |                 |               |                             |
| <b>Pages:</b>                           |  |                 |               |                             |
| <b>Claims:</b>                          |  |                 |               |                             |
| <b>Miscellaneous-Filing:</b>            |  |                 |               |                             |
| <b>Petition:</b>                        |  |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b> |  |                 |               |                             |
| Post-Allowance-and-Post-Issuance:       |  |                 |               |                             |
| <b>Extension-of-Time:</b>               |  |                 |               |                             |
| Extension - 2 months with \$0 paid      | 1252   | 1               | 460           | 460                         |

| Description       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-------------------|----------|----------|--------|----------------------|
| Miscellaneous:    |          |          |        |                      |
| Total in USD (\$) |          |          |        | 460                  |